
State:	Arkansas	Filing Company:	First Guaranty Insurance Company
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
Product Name:	Life Insurance Application		
Project Name/Number:	/		

Filing at a Glance

Company:	First Guaranty Insurance Company
Product Name:	Life Insurance Application
State:	Arkansas
TOI:	L08 Life - Other
Sub-TOI:	L08.000 Life - Other
Filing Type:	Form
Date Submitted:	11/01/2012
SERFF Tr Num:	EWLE-128753560
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	
Implementation	On Approval
Date Requested:	
Author(s):	Vicki Rowe
Reviewer(s):	Linda Bird (primary)
Disposition Date:	11/06/2012
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

State:	Arkansas	Filing Company:	First Guaranty Insurance Company
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
Product Name:	Life Insurance Application		
Project Name/Number:	/		

General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number:	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 11/06/2012
	State Status Changed: 11/06/2012
Deemer Date:	Created By: Vicki Rowe
Submitted By: Vicki Rowe	Corresponding Filing Tracking Number:

Filing Description:

This submission is being made on behalf of First Guaranty Insurance Company. Form L-092012 is an application for life insurance. The application contains a tracking number in brackets in the upper right hand corner of the first page. That tracking number will be used by the company for administrative purposes.

When approved, this application will be used in conjunction with the following forms:

Form Approval Date
AR30-3/90 April 12, 1990
GB-4/00 April 21, 2000
G-8/03AR November 4, 2004
AR30-1/2009 July 21, 2009
AR30-6/2009IDB July 21, 2009

Further, form ARK-NOT, the complaint notice which was approved by your office on July 21, 2009 will be used in conjunction with this application.

Company and Contact

Filing Contact Information

Vicki Rowe, Compliance	vrowe@lewisellis.com
9441 LBJ Freeway	972-664-0163 [Phone]
Suite 102	
Dallas, TX 75243	

Filing Company Information

(This filing was made by a third party - lewisandellisincorporated3)

First Guaranty Insurance Company	CoCode: 84034	State of Domicile: Louisiana
P.O. Box 848	Group Code:	Company Type:
Ashdown, AR 71822	Group Name:	State ID Number:
(800) 264-5191 ext. [Phone]	FEIN Number: 71-0420424	

Filing Fees

SERFF Tracking #: EWLE-128753560

State Tracking #:

Company Tracking #:

State: Arkansas

Filing Company: First Guaranty Insurance Company

TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other

Product Name: Life Insurance Application

Project Name/Number: /

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation: 1 Application Filing

Per Company: No

Company	Amount	Date Processed	Transaction #
First Guaranty Insurance Company	\$50.00	11/01/2012	64490835

SERFF Tracking #:	EWLE-128753560	State Tracking #:	Company Tracking #:
State:	Arkansas	Filing Company:	First Guaranty Insurance Company
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
Product Name:	Life Insurance Application		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/06/2012	11/06/2012

SERFF Tracking #:	EWLE-128753560	State Tracking #:	Company Tracking #:
State:	Arkansas	Filing Company:	First Guaranty Insurance Company
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
Product Name:	Life Insurance Application		
Project Name/Number:	/		

Disposition

Disposition Date: 11/06/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Authorization to File		Yes
Form	Application		Yes

State:	Arkansas	Filing Company:	First Guaranty Insurance Company
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
Product Name:	Life Insurance Application		
Project Name/Number:	/		

Form Schedule

Lead Form Number: L-092012

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Application	L-092012	AEF	Initial			L-092012Final.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

Application for Life Insurance • First Guaranty Insurance Company

P.O. Box 848 • 351 N. Third Street, Ashdown, AR 71822 • (870) 898-5191 • (800) 264-5191 [L-000124-TC]

SHADED AREA FOR HOME OFFICE USE ONLY

Policy No.	Issue Date	CF	Plan	Status	Agt1	Agt2	Comp	UMH
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Plan of Insurance: ☐ Accidental Death Benefit (ADB) Mail Policy to: ☐ Agent ☐ Owner ☐ Funeral Home

1. Persons Proposed for Insurance	Birthdate	Age	Sex	Height	Weight	Face Amount	Premium	Beneficiary & Relationship

2. Owner (if other than first Proposed Insured listed): _____ SS# _____

Relationship to first Proposed Insured listed: _____

3. a) Home Address: _____ ()
NUMBER & STREET CITY/STATE ZIP TELEPHONEb) Billing Address: _____ ()
NUMBER & STREET CITY/STATE ZIP TELEPHONE4.a) Do you have any existing life insurance or annuities? ☐ YES ☐ NO4.b) Will this proposed insurance replace or change the status of any existing insurance or annuity? ☐ YES ☐ NO5. ☐ COM ☐ Mo. ☐ Qtr. ☐ S/A ☐ Ann Amount Paid \$**Health History**

	YES	NO	IF ANSWER IS "YES" QUESTION # AND DETAILS
6. In the past 6 months has any Proposed Insured:			
a) been confined to a nursing facility, used oxygen to assist in breathing or received kidney dialysis, or currently hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	
b) had a heart attack, stroke, heart surgery, congestive heart failure, internal cancer or malignant melanoma?	<input type="checkbox"/>	<input type="checkbox"/>	
7. In the past 10 years, has any Proposed Insured been diagnosed as having or treated by a medical professional for AIDS or AIDS Related Complex (ARC)?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Has any Proposed Insured age 25 or under, ever had, been treated for, or been diagnosed as having Cystic Fibrosis, Diabetes, Down's Syndrome, Multiple Sclerosis, Muscular Dystrophy or Sickle Cell Anemia?	<input type="checkbox"/>	<input type="checkbox"/>	
9. In the past 5 years, has any Proposed Insured had, been treated for, or been diagnosed by a physician as having:			
a) a heart attack, congestive heart failure, heart surgery, angina pectoris, stroke, emphysema (COPD), internal cancer or malignant melanoma?	<input type="checkbox"/>	<input type="checkbox"/>	
b) kidney failure, Alzheimer's Disease, Organic Brain Syndrome, Alcoholism, drug abuse, cirrhosis or other liver disease?	<input type="checkbox"/>	<input type="checkbox"/>	
c) an amputation caused by disease, had or been advised to have surgery for heart condition or blood vessel disease?	<input type="checkbox"/>	<input type="checkbox"/>	
d) High blood pressure or Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Are you currently taking any prescription medicine?	<input type="checkbox"/>	<input type="checkbox"/>	

If eligible for a Graded Death Benefit policy only, will you accept? Give Name and Address of Physician:☐ YES ☐ NO

Signature _____

For Home Office Endorsement Only

On behalf of myself and of any person who shall have or claim any interest in any policy issued pursuant to this application, I represent that all statements and answers contained herein are full, complete and true as written and are correctly recorded and I expressly agree as follows: this application and any policy issued in consequence thereof shall constitute the entire contract of insurance and that no person other than the President or Secretary of the Company can act for it to make, modify or discharge a contract or waive any of the Company's rights and requirements. The Company is authorized to amend this application by an appropriate notation in the space designated "For Home Office Endorsement Only" in order to correct apparent errors or omissions and in order to conform it with the form and content of the policy that may be issued.

Dated at: _____ on the _____ of _____ Submit Completed
CITY, STATE DAY MONTH, YEAR HIPAA Form w/ AppWitness/Agent 1: _____ Agent No: _____ X
Signature SIGNATURE OF PROPOSED INSUREDAgent 2: _____ Agent No: _____ X
Signature

L-092012

Signature of Parent, Legal Guardian, or Owner and Controller
if other than Proposed Insured

Additional Case Information for Underwriting Purposes			
Agent's Report on Proposed Insured			
<ul style="list-style-type: none">• Complete this report in full prior to submitting application or the Home Office will return it to you.• Submit all applications to the Home Office promptly.• Agents must submit the full first premium collected with the application to the Home Office.• Check the application for omissions and calculation errors before sending to Home Office.• Did you enter the correct Plan Code for Proposed Insured?• If needed, did you have the Proposed Insured check "yes" and sign for Graded Benefits?			
Report Questions – Questions 1, 2, 3 and 4: Circle "Yes" or "No"; Question 5: Place "X"			
1.	Did you personally see the Proposed Insured on the day the application was dated and signed, and did you carefully ask the Proposed Insured all the application questions and accurately record the answers?	Yes	No
2.	Does the Proposed Insured appear healthy?	Yes	No
3.	Do you know anything detrimental to the risk?	Yes	No
	If yes, then please explain here:		
4.	Will this proposed insurance replace or change the status of any existing insurance or annuity? If "Yes", then you must complete and submit a replacement form.	Yes	No
5.	Place an "X" to the left of your sales source and enter description in the "Notes" section.		
	A. Prospecting	Notes:	
	B. Lead Card		
	C. Referral form (write in space below)		
AGENT(S) ACKNOWLEDGMENT (if more than two agents, add their signatures/numbers in space below bottom row)			
Agent		Agent No.	
Agent		Agent No.	

FRAUD STATEMENTS
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison. Arkansas and Louisiana Residents: Any person who knowingly presents a false or fraudulent crime for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Oklahoma Residents: WARNING: Any person who knowingly and with intent to injury, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Policy issuance is based on your answers to the Health Questions listed on the application. Incorrect answers may void insurance coverage. Upon reviewing the application, if you find any incorrect answers, please contact the Home Office at (870) 898-5191 as soon as possible.

RECEIPT – DO NOT DETACH UNLESS FULL FIRST PREMIUM IS PAID WITH APPLICATION

Received from _____
the sum of \$ _____ Dollars

for the full first premium specified in the application for insurance with First Guaranty Insurance Company ("Company") which bears the same date as this receipt. The insurance under the policy for which application is made shall be effective on date of this receipt or the date of completion of the medical examination (if, and when required by the Company), whichever is the later date, if in the opinion of the authorized officers of the Company at its Home Office in Ashdown, Arkansas, the Proposed Insured is insurable and acceptable for insurance under the Company's rules and practices on the plan and amount of insurance applied for and at the premium rate set forth in the application, exclusive of any amendments in the space for "Home Office Endorsement". If the Proposed Insured is not so insurable and acceptable the Company has no liability under this receipt, and the above payment will be returned, by the Company's check, upon surrender of this receipt. This receipt shall be void if given for check or draft that is not honored on presentation.

The Company, within 60 days of the date of an application for a life insurance policy, shall notify a prospective insured as to whether or not the application has been accepted or else give the Proposed Insured the reason for any further delay.

Date _____ Agent's Signature _____

SERFF Tracking #:	EWLE-128753560	State Tracking #:	Company Tracking #:
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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:	Attached is the Flesch Certification and the Compliance Certification		
Attachment(s):			
GenericReadabilityCertification.pdf			
CompliancecertificationAR.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Authorization to File		
Comments:			
Attachment(s):			
20120905-authorization_letternew.pdf			

Readability Certification

Insurance Company: First Guaranty Insurance Company

<u>Form Number</u>	<u>Description of Form</u>
L-092012	Application

I hereby certify that the above referenced form complies with the readability requirements of this State.



Authorized Signature

Kirk Babb

Name

President

Title

October 29, 2012

Date

Compliance Certification

Insurance Company: First Guaranty Insurance Company

<u>Form Number</u>	<u>Description of Form</u>
L-092012	Application

I hereby certify that in connection with the above referenced forms, First Guaranty Insurance Company will comply with the requirements of:

Rule & Regulation 19 pertaining to Unfair Sex Discrimination;
Rule & Regulation 49 pertaining to Guaranty Association Notices



Authorized Signature

Kirk Babb

Name

President

Title

October 30, 2012

Date



FIRST GUARANTY
INSURANCE COMPANY

Underwriter of Life Insurance Products Since 1959

September 5, 2012

Lewis & Ellis Consulting Actuaries
P.O. Box 851857
Richardson, TX 75085-1857

To Whom It May Concern:

This letter or a copy thereof, confirms the authority of the actuarial consulting firm of Lewis & Ellis, Inc. to submit on behalf of First Guaranty Insurance Company, NAIC# 84034 (hereinafter "Company"), the required forms and rates for any insurance products to any and all insurance departments of those jurisdictions in which the company is licensed, and to represent the Company in the negotiation of the approval of said forms and rates, including the provision of necessary assurances and commitments regarding specific conditions of the forms required to secure said approvals.

This authorization is effective until revoked in writing by an authorized representative of First Guaranty Insurance Company.

Regards,

Kirk Babb
President